



TITLE V TODAY

Vol. 2, Issue 1 • HRSA • Maternal and Child Health Bureau

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Critical MCHB Research Priorities Set

By Peter C. Van Dyck, M.D., M.P.H.

Associate Administrator for Maternal and Child Health

Eleven broad MCHB research categories and 15 priorities have been chosen by a Bureau advisory committee made up of staff from the Divisions and Offices. (See page 3 for a full list.) The priorities selected represent a balance of competing program needs and

concerns as expressed by MCHB and articulated by HRSA's and MCHB's strategic plans.

The process began back in 1994 at the last National advisory committee meeting, when representatives of the broad MCH

community identified 266 areas as critically important for the new millennium. (This agenda was published in 1996 as *Proceedings of the Fourth National Title V Maternal and Child Health Research Priority Conference*.) Then, last year, MCHB research staff reevaluated these 266 areas and created a shorter list of research priorities that would be more understandable and accessible to our constituents, as well

as aligned with the Bureau's five-year (1998-2003) strategic plan.

The first step in this reevaluation used: HRSA, MCHB, and Healthy People 2010's strategic plan goals and objectives; program areas the Bureau's divisions have responsibility

for; the recommendations contained in the 1999 Special Projects of Regional and National Significance (SPRANS) report; and State Title V program needs and concerns (i.e., needs assessment, performance evaluation, etc.).



Funding Implications

If a project application recommended for approval by the MCHB Research Review Committee addresses one of the 15 priorities, 0.5 points are added to its funding score. Field-initiated applications addressing any of the broader 11 categories will be accepted for review and considered for funding, but will not be given any special funding consideration.

More information on the research program and on how to obtain application forms can be found at MCHB's Web site: www.mchb.hrsa.gov or by calling 301-443-2340.

MCHB



Top Pediatric Journal Features MCHB Research

The U.S. journal *Pediatrics*—which regularly features MCHB-supported research—was ranked the best national and international source for scientific evidence relating to clinical practice in pediatrics, according to a Canadian study. (*Pediatrics*, May 1999, Vol. 103, No. 5, pp. 941-947.)

In an effort to measure the impact of the MCHB Research Program on pediatric clinical practice, the research staff conducted a review of all the articles published in *Pediatrics* between January 1999 and January 2000, focusing on Federally funded research by the National Institute for Child Health and Human Development (NICHD), the Agency for Healthcare Research and Quality (AHRQ), and MCHB.

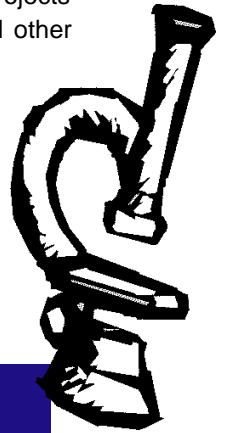
The review found that between January 1999 and January 2000, a total of 17 articles were published in *Pediatrics* based on MCHB-supported research; 14 were based on AHRQ-supported studies; and 30 on NICHD-funded investigations.

While this was an informal survey, it is gratifying to see that a research program of MCHB's modest size is contributing so significantly to the development of scientific evidence relating to the clinical practice of pediatrics.

HRSA/MCHB Research To Be Part of the "CRISP" Biomedical Database

The Bureau's FY2000 research projects funded in FY 2000 by the Maternal and Child Health Bureau (MCHB) will soon be included in the Computer Retrieval of Information on Scientific Projects (CRISP) Database—a searchable database of Federally funded biomedical research projects conducted at universities, hospitals, and other research institutions. Users can search the CRISP interface, which is updated weekly, for current or historic awards, scientific concepts, emerging trends and techniques, or to identify specific projects and/or investigators.

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The CRISP database is maintained by the National Institutes of Health's (NIH) Office of Extramural Research and includes projects funded by NIH; Substance Abuse and Mental Health Services (SAMHSA); Health Resources and Services Administration (HRSA); Food and Drug Administration (FDA); Centers for Disease Control and Prevention (CDC); Agency for Health Care and Quality Research (AHCQR); and the Office of the Assistant Secretary for Health (OASH).

The research projects funded in FY 2000 are expected to be available in CRISP in early FY 2001.



Research Areas & Priority Issues & Questions: Maternal and Child Health Bureau 2000-2003

I. Quality, Cost, Organization, Access to, and Use of Primary Care, Specialty Care, and Public Health Services.

5.2.5. Study alternatives for the organization, regionalization, and delivery of comprehensive, continuous health services for typically developing and for special health care needs children, including ways that the primary health care needs of these children can be integrated with the provision of specialized services as exemplified under the concept of "medical home."

6.3.2. Investigate the factors, from both the micro and the macro levels, that promote adolescents' timely access to and utilization of health services, with attention to understanding what modifications in service-delivery systems, provider training, and youth health education would help adolescents engage the health care system more appropriately.

II. Response of State Governments and State MCH Units to Federal and State Legislation Creating, Expanding, or Reducing Services.

8.1.3. Study the processes and complexities involved in having States, communities, and individuals within States take full advantage of Medicaid and Balanced Budget Act provisions, including those of the State Children's Health Insurance Program (CHIP) and the authorization for 12 months of continuous eligibility for Medicaid and CHIP.

8.1.7. Study how changes in Federal and State welfare laws and in States' interpretation and implementation of these laws affects immigrants' access to and use of MCH services. How does the implementation of these laws in turn affect trends in the use of services (e.g., trimester when prenatal care started) and trends in morbidity and mortality rates (e.g., neonatal death rates) for high-immigrant States and specific immigrant groups within States.

III. Development, Testing, and Validation of Screening and Diagnostic Instruments, Including Generic Methodologies to Conduct Needs Assessments and Evaluate Performance by States.

2.6.5. Develop and evaluate new screening and diagnostic technologies for diseases and conditions newly identified as "genetic."

8.1.8. Develop and test generic methodologies to perform needs assessments and evaluate performance at the State and community levels.

V. Causes of Class, Ethnic, Racial, and Urban-Rural Disparities in Physical, Mental, and Dental Health; Developmental Competencies; and Access to and Use of Services.

3.1.3. Examine the effects of barriers such as racism, prejudice, and residential segregation on infant, child, and adolescent health status and health services.

V. Determinants of Behaviors Associated with Positive and Negative Maternal and Child Health Outcomes and with Preventive, Health Enhancement, and Curative Health Actions.

2.1.3. Conduct population-based studies on how women decide to seek prenatal care and how this process is arrested or delayed in women who do not receive prenatal care or start later than medically recommended.

VI. Longitudinal Studies of Health and Normative Development in Minority Children, Children with Special Health Care Needs, and Children of Low Socioeconomic, Rural, Migrant, and Homeless Backgrounds.

4.3.2. Conduct longitudinal studies on the normative development of children in minority and other at-risk population groups.

VII. Child, Parent, and Family Coping and Resilience Associated with Significant Injuries and Chronic and Catastrophic Disease Conditions.

1.11.2. Conduct studies on how parents adapt to having a child with a disability, taking into consideration specific features of the disability as well as parent and family factors existing before and after the birth of the affected child.

VIII. Effects of Family, Community, and Service Systems Contexts on Children's Physical and Mental Health and Development.

8.1.11. Investigate the processes involved in the transition to employment and adult health care for typically developing adolescents and for adolescents with special health care needs, with particular emphasis on the role that the health care system may play in facilitating or hindering such transitions.

IX. Development, Evaluation, and Validation of MCH Clinical Treatments, Outreach Strategies, Program Interventions, Care Guidelines, and Case Management Approaches.

9.1.12. Support randomized controlled studies of the efficacy and cost-effectiveness of the various MCHB-developed and promoted Bright Futures guidelines.

X. Pregnancy, Low Birthweight, Nutrition, and Breastfeeding.

2.4.11. Continue to investigate the suspected connection between infections and preterm onset of labor.

3.8.2. Investigate the determinants of breastfeeding in groups classified according to race, ethnicity, and social class.

XI. Intentional and Unintentional Injuries, Child Neglect and Abuse, Family Violence, Suicide, and Emergency Medical Services.

8.1.13. Study the extent to which children who need emergency medical services receive them, with particular attention to care received (or not received) in hospital emergency departments.

FY99 YIELDED 915 GRANTS

The Maternal and Child Health Bureau awarded 915 grants in Fiscal Year 1999, for a total of \$841,147,650.

The largest amount, \$576,038,842, was awarded to 59 Title V Maternal and Child Health Services Block Grants. Other awards under Title V included \$91,538,606 for 448 SPRANS (Special Projects of Regional and National Significance) grants and \$8,762,517 for 156 CISS (Community Integrated Service Systems) grants. The 1998 Title V categorical program, Abstinence Education, awarded \$49,170,782 for 52 grants. The total amount awarded under Title V in FY99 was \$676,339,965.

Discretionary grants were awarded to three programs. The Healthy Start Initiative received the largest amount, \$102,304,765, for 103 grants. Other programs included \$9,446,344 for 73 Emergency Medical Services for Children grants and \$3,885,794 for 24 Traumatic Brain Injury program grants. Discretionary grants awards totaled \$106,190,559.

The Grants Management Branch received 1,060 applications during the FY99 grants cycle, and 859 of the applications were approved (81 percent). The number of applications awarded was 804, 76 percent of those received or 94 percent of those approved.

NEW FUNDING ACTIVITIES

The following five new grants begin this year.

SPRANS — Ph.D. Epidemiologic-Maternal and Child Health/ Schools of Public Health Fellows Training Program— Office of Data and Information Management

MCHB will award six one-year fellowships to doctoral candidates and postdoctoral fellows in epidemiology to study the effectiveness and benefits of child health services. A preference will be given to applicants from Schools of Public Health with MCH programs. Amount: \$150,000. Application deadline: 02/15/2000. Projected award date: 04/01/2000. Contact Russ Scarato, 301-443-0701.

Innovative Approaches to Promoting Positive Health Behaviors in Women

This three-year demonstration program seeks approaches which influence women to modify behavior that affects their health (such as nutrition, smoking cessation, STD prevention) through partnerships with community organizations. Women with limited access to health promotion services are the target population, and the proposals should link women with Title V and other relevant health resources and services. Amount: \$450,000. Application deadline: 01/17/2000. Projected award date: 04/03/2000. Contact: Ellen Hutchins, Ph.D., 301-443-9534.

Universal Newborn Hearing Screening

This program will fund 29 grants to States for implementation and sustainability of universal newborn hearing screening prior to hospital discharge. Children identified with hearing loss will be linked to Title V programs and the Early Intervention Program. One additional grant will be awarded for provision of technical assistance to States in implementation of statewide screening, diagnosis and entry into early intervention. Amount: \$4,000,000. Application deadline: 01/15/2000. Projected award date: 04/01/2000. Contact: Irene Forsman, M.S., R.N., 301-443-9023.

National Fetal and Infant Mortality Review (FIMR) Resource Center

This five-year resource center will provide technical support to States and communities, particularly Healthy Start communities, as they develop and implement the community-based fetal and infant mortality review process. The center will work with MCHB to promote the FIMR process and enhance its shared use among communities and States to build capacity in the State Title V program. Amount: \$500,000. Application deadline: 04/01/2000. Projected award date: 07/01/2000. Contact: Ellen Hutchins, Ph.D., 301-443-9534.

Improving Systems of Care for Pregnant Women Experiencing Domestic Violence

This three-year demonstration program will develop and enhance systems of care that identify pregnant women who are experiencing domestic violence and provide information referrals and linkages to interventions. Amount \$600,000. Application deadline: 03/03/2000. Projected award date: 06/01/2000. Contact Brenda Lisi, 301-443-9991.



Second Edition of Bright Futures Debuts

The second edition of *Bright Futures: Guidelines for Infants, Children, and Adolescents* is now available. *Bright Futures* was a landmark publication when it was first printed by MCHB in 1994, because instead of health care, it emphasized health supervision, i.e., care that takes into account not just the child, but also the forces that have an impact on a child's development, including family, cultural, and economic factors.

The new, expanded second edition of *Bright Futures* features current information on a wide range of important child health topics, as well as the latest screening guidelines for hearing, vision, hypertension, hyperlipidemia, iron-deficiency anemia, elevated blood lead levels, and sexually transmitted diseases. The guidelines also contain the Year 2000 Childhood Immunization Schedule approved by the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP). Other new content includes a tooth eruption chart, sexual maturity rating chart, and guidance on selecting safe, quality child care.

The *Bright Futures* Project started in 1990 after MCHB and the Health Care Financing Administration's (HCFA) Medicaid Bureau realized the need to review and reframe existing health supervision policies and practices. After four years of research, development, and design, the first phase of the project was completed with the publication of *Bright Futures*.

More than 50,000 copies of the guidelines were distributed and are used by a variety of health profession-

als in many different practice settings. States and local communities alike have used *Bright Futures* to improve preventive services for children. Academic institutions across the country have incorporated *Bright Futures*



States and local communities alike have used Bright Futures to improve preventive services for children.

into their nursing and pediatric residency training programs, as well as health education and health policy curricula. The managed care industry continues to explore innovative and cost-effective ways to use the *Bright Futures* guidelines to shape practice and policy.

Other *Bright Futures* materials developed included *Bright Futures* pocket guides, anticipatory guidance cards, and a coloring book for children. The *Bright Futures in Practice* series was launched in 1996 with the publication of *Bright Futures in Practice: Oral Health*. The second guide in the series, *Bright Futures in Practice: Nutrition*, is now in press, with publication scheduled for late February 2000. Other guides currently in development focus on physical activity, mental health, and children with special health care needs.

With the renewed sponsorship of MCHB and HCFA, the *Bright Futures* Project is now in its second phase, Building Bright Futures, which expands efforts to promote and facilitate the use of *Bright Futures*. The *Bright Futures* Project is managed by the National Center for Education and Maternal and Child Health.



To order *Bright Futures: Guidelines for Infants, Children, and Adolescents, Second Edition* or any other *Bright Futures* materials, call the National Maternal and Child Health Clearinghouse at 888-434-4624. You can preview the second edition on the project's Web site: www.brightfutures.org.

Prices are listed on the "Order Form" page of that Web site. A single copy of the new *Bright Futures* sells for \$35.

New Center Aims to Improve Care for Children with Special Health Needs

To help pediatricians and other health care professionals improve the quality of care they provide to children with special needs, the Bureau has entered into a cooperative agreement with the American Academy of Pediatrics (AAP). The five-year agreement establishes the National Center of Medical Home Initiatives for Children with Special Needs.

The National Center, which will be located in the AAP Department of Community Pediatrics, has four goals:

- to contribute to changes in, and the development of, national Maternal and Child Health policies that benefit children with special health needs;
- to increase knowledge and skills among health care professionals who treat these children;
- to report on existing medical homes to illustrate the advantages of the concept;
- to support and expand a national network of child health professionals who provide medical homes and who are involved in efforts to ensure that children with special needs have access to a medical home.

The Center's resources include a training program for health care professionals, parents, and administrators of public and private programs; advocacy materials promoting adequate health care coverage; and a national contact network of individuals with expertise in ensuring that children with special health needs have optimal care.

"We first became convinced of the need for medical homes after hearing stories from families of children with special health care needs. These families were working with several health professionals and yet having no one to consistently rely on for interpreting materials like diagnostic test results and coordinating their children's care," said Merle McPherson, M.D.,

Director of MCHB's Division of Services for Children with Special Health Needs. "We believe that an ongoing partnership between a primary provider and the family is, in fact, something that all children need."

In 1986, MCHB awarded a grant to Dr. Calvin Sia in Hawaii to study how physicians might work optimally with families to coordinate their children's care. He looked at issues such as the extra time the primary provider has to take with the family in order to serve this function and the kind of reimbursement that needs to be provided. Training materials were developed from Dr. Sia's work. In 1992, MCHB and AAP formed a task force on the definition of "medical home," the results of which were published in the journal *Pediatrics* in November 1992. The medical home concept was expanded to include the coordination of all health services and support children's needs.

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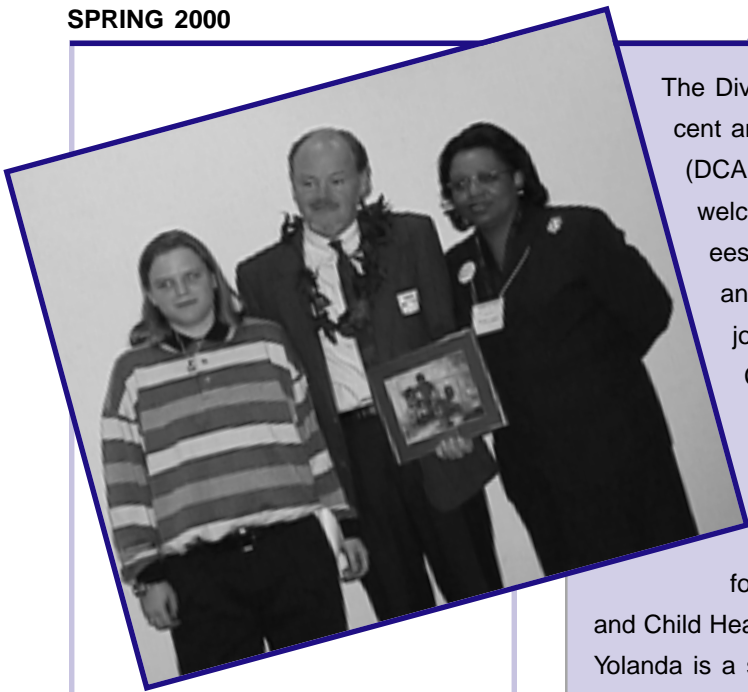
The term "medical home" refers to the partnership between the primary care physician and the child's family to ensure that all the medical, psychosocial and educational needs of the child and family are met in the community. The medical home concept recognizes that the family is the principal care giver and the center of strength and support for children, and that the family needs access to unbiased and complete information on an ongoing basis.

According to the AAP Division of Health Policy Research, children who lack a medical home are at risk for poor health outcomes. Recent estimates indicate that as many as 15.1 percent or 11.3 million children younger than age 19 are uninsured, and therefore lack access to a routine source of primary care. Included in this population are children who have special health care needs. Studies indicate that as many as 20 to 30 percent of all children, or more than 22 million, have chronic conditions. And among these children, even those who do have a primary care physician may not have a "medical home" due to restrictions set by their insurance providers on accessing needed services.

This MCHB cooperative agreement is part of the U.S. Department of Health and Human Services' initiative to improve systems of care for children with special health needs. Activities of the National Center help to meet the Healthy People 2010 goal to increase the percent of children with special needs with access to a medical home.

For further details about the National Center, please contact the Integrated Services Branch, Division of Services for Children with Special Health Needs, 301-443-2370.





Associate Administrator for Maternal and Child Health **Peter van Dyck, M.D., M.P.H.**, received the annual Family Voices Professional Partner Award on February 7. This award honors a member of a State or Federal Title V program for exceptional work in support of the Family Voices goals through improved partnerships between Title V and families. Family Voices is an advocacy group for children with special health care needs and their families.

Awards

The Division of Child, Adolescent and Family Health (DCAFH) has recently welcomed four new employees. **Carolyn Sharbaugh** and **Yolanda Baker** have joined the Infant and Child Health Branch. Carolyn is a public health nutritionist and comes to us from the National Center for Education in Maternal and Child Health (NCEMCH).

Yolanda is a staff assistant from the HRSA Division of Grants and Procurement Management. Social worker **Isadora Hare** has joined the Adolescent Health Branch from the American Psychological Association. One of her responsibilities is the Girl Neighborhood Power program. Coast Guard officer **Art French** is with us as a physician liaison between the National Highway Traffic Safety Administration and the Emergency Medical Services for Children program of DCAFH's Injury and Emergency Medical Services Branch.

There are four new additions to the Division of Services for Children with Special Health Needs. Three of them came from HRSA's HIV/AIDS Bureau (HAB): **Deborah Linzer** is a public health analyst specializing in health outcomes for the Genetics Services Branch; **Lynda Honberg** is directing the managed care initiative in the Integrated Services Branch (ISB); and **Tom Castonguay** is a program analyst in ISB. **Janet Tolbert** has come to ISB as an office automation clerk from the HRSA Office of Field Operations.

The Division of Perinatal Systems and Women's Health (DPSWH) has acquired three new staff. **Jennifer Rankin** is a Presidential Management Intern working with Division Director Henry Spring. Senior program management officer **David de la Cruz** has joined the Healthy Start Eastern Branch from NCEMCH's National Healthy Start Resource Center. Senior nurse consultant **Karen Hensch** has returned to MCHB from HAB and is working in the Perinatal and Women's Health Branch.

Finally, the Division of Research, Training and Education (DRTE) has welcomed program assistant **Marlene Appleton** from the HRSA Office of the Director to work on the Healthy Tomorrows program.

Three Bureau employees have retired: **Michael Fishman, M.D.**, from DCAFH; **Cleo Hancock** from the Office of Program Development; and Executive Officer **Ralph Martini** from the MCHB Office of the Director. In addition, DRTE Training Branch assistant **Mary Ellen Heldman** and her family have moved to Ohio and **Cynthia Centano** resigned from DPSWH to take care of her baby. We are very sorry to report that **Janet Bell**, a program analyst in DRTE, passed away. These fine members of our team are sorely missed.

COMINGS & GOING

Travelling Exhibit Hits the Road

The new Title V interactive map exhibit — debuted in Chicago at the 1999 American Public Health Association Annual Meeting—will be featured prominently in the Bureau's exhibit schedule this year. The map will be a focal point for educating health professionals, legislators, and the public about the importance of Title V to the health of America's mothers, children, and adolescents. It also will introduce the new Title V Information System (TVIS) Web site (www.mchdata.net), where, for the first time, the information provided by all the States and jurisdictions to MCHB in their Title V applications and reports is now available online in both narrative and numerical form. We look forward to showing you the State map, the TVIS, and all our latest clearinghouse publications at the upcoming meetings.

March 4-8

Assoc. of Maternal and Child Health Programs (AMCHP) Washington, DC

May 27-June 1

American Academy of Physician Assistants (AAPA) Chicago, IL

June 4-7

Assn. of Women's Health, Obstetric and Neonatal Nurses (AWHONN) Seattle, WA

July 16-20

National Conference of State Legislatures (NCSL) Chicago, IL

September 20-24

American Academy of Family Physicians (AAFP) Dallas, TX

Oct. 28-Nov. 1

American Academy of Pediatrics (AAP) Chicago, IL

November 12-16

American Public Health Association (APHA) Boston, MA

U.S. Department of Health and Human Services



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